



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1369

Date Received **2004 DEC 04** Repository   
**04-NOV-2004** Reference No.  
10089360

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**  
Address **[REDACTED]**  
City **ALEXANDER CITY** State **AL** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address  
Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date **11-1-04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
**1G1BN53EXP[REDACTED]** Make **CHEVROLET** Model **CAPRICE** Model Year **1993**  
Date Purchased **8-23-99** Dealer's Name and Telephone Number **Ferris Auto Sales 324-0865** Engine: **LS** Fuel Type: **unleat**  
Original Owner  Dealer's City **Alex. city** State **AL** Zip Code **35010** Engine No: Cylinders **8**  
Transmission Type **Auto**  Antilock Brakes Powertrain \_\_\_\_\_ Vehicle Component Code **S41000 COMMUNICATIONS: HORN ASSEMBLY**  
 Cruise Control Multiple Failure: **3**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **18-OCT-2004** Failure Mileage **87688** Failure Speed \_\_\_\_\_

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM1ALBABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code \_\_\_\_\_ Tire Failure Type \_\_\_\_\_

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured \_\_\_\_\_ Number of Deaths \_\_\_\_\_ Reported To Police **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

**INTERMITTENTLY HORN FAILED TO WORK. DEALERSHIP REPAIRED THE PROBLEM TWICE, BUT THE CONSUMER WAS STILL HAVING PROBLEMS.\*AK**

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).